

CONFIDENTIALITY STATEMENT

(To be signed and returned prior to conducting your study)

HSRB #_____

Name of Project_____

We, the Principal Investigator and undersigned researchers for the above-referenced project agree to abide by Arizona Revised Statutes and the Arizona Department of Health Services= Rule R9-19-409, to protect the confidentiality of the data provided and protect the privacy of the human subjects under this study. These statutes and rules prohibit the following:

1. Disclosure of the name or address of any individual identified or any other personally identifiable information on a vital record or other record provided by the Department in published results of the study or in communication with others;
2. Contact with any individuals named on a vital record or other record provided by the Department without prior permission from the State Registrar;
3. Delivery of confidential information to other persons not connected with the study; or
4. The use of vital record information or other records provided by the Department in any way so as to violate the privacy of any individual named on a vital record or other record provided by the Department or cause embarrassment to the registrant or the registrant's family.

ACKNOWLEDGEMENT:

We understand the above and agree to maintain the confidentiality of the vital records, records which have been provided by the Department and other data related to the above approved project by protecting all electronic data with passwords, all paper data will be kept locked up and in each case only available to the researchers and essential staff on a need to know basis, and upon completion of this study, all data will be destroyed. Computers must not have network/internet connection without appropriate firewall/security software (e.g. encryption).

We the researchers agree to provide to the Arizona Department of Health Services through the Human Subjects Review Board a written statement setting forth the specific date and the method of destruction used to destroy the vital records at the end of the study. Said statement shall be prepared immediately upon the conclusion of the study and the destruction of records. (Certificate of Destruction form)

We understand that for studies using personally identifiable information, if this study changes, the data is modified in any way, or the personally identifiable information provided to the Department is to be kept for more than 5 years from the date of the Human Subjects Review Board's approval, a request must be submitted to the Human Subjects Review Board for another review at least 30 days before the expiration of the Board's approval period.

We understand that the Arizona Department of Health Services and/or the program providing the confidential information retains the right to review any report prior to dissemination to ensure that confidentiality has been protected.

Violators may be subject to other legal actions.

Principal Investigator Signature	Title	Date
Researcher Signature	Title	Date
Researcher Signature	Title	Date
Researcher Signature	Title	Date